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CONFIRMATION NO. 4229

<b>SERIAL NUMBER</b> 10/510,085	<b>FILING OR 371(c) DATE</b> 04/11/2005 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 30815/26239
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/01634 02/18/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 20205274.5 04/05/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 5	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

4743

**TITLE**

Medical, handpiece in particular for dentistry, with an outlet for an abrasive flowing medium and splashguard for the outlet

<b>FILING FEE RECEIVED</b> 1364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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